

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000034397

**Entity Name:** FRANCIS N. CRESPO, M.D., P.A.

**Current Principal Place of Business:**

1321 NW 14 ST  
SUITE 400  
MIAMI, FL 33125

**Current Mailing Address:**

7923 NW 158 TERR.  
MIAMI LAKES, FL 33016

**FEI Number:** 20-8513617

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRESPO, FRANCIS NMD  
7923 NW 158 TERR.  
MIAMI, FL 33016 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name CRESPO, FRANCIS NMD  
Address 7923 NW 158 TERR  
City-State-Zip: MIAMI LAKES FL 33016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCIS CRESPO

**PRESIDENT**

**05/31/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date